

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 2/3    | 1/4/01   |
| FORMALITY REVIEW          | A. M     | 36 500 | 01-10-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | ✓     | ✓        | 4/1/01 |
| 2     | ✓     | ✓        |        |
| 3     | ✓     | ✓        |        |
| 4     | ✓     | ✓        |        |
| 5     | ✓     | ✓        |        |
| 6     | ✓     | ✓        |        |
| 7     | ✓     | ✓        |        |
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| 50    | ✓     | ✓        |        |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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